

# PREVENTION PARTNERS

## Letter of Intent

Please complete this Letter of Intent if you would like to receive the free health services available to state insured worksites/entities. Please complete and sign this form and send it to: Prevention Partners, P.O. Box 11661, Columbia, SC 29211 or fax it to: 803-737-0557. ***Please make sure to provide your e-mail address.*** If you have any questions, please contact Prevention Partners at 803-737-3820.

- ☐ Update ☐ New Worksite  
    \_\_\_ New Coordinator  
    \_\_\_ Change of Contact Information  
    \_\_\_ Other \_\_\_\_\_

Your Name:		
Worksite Name:		
Worksite Mailing Address:		
City:	State:	Zip:
Telephone:	FAX Number:	Current Year:
<b>E-Mail Address:</b> <input type="checkbox"/> My e-mail address is _____ <input type="checkbox"/> I do not have an e-mail address		
Administrator Name: _____		
Title: _____		
Phone: _____		
Number of employees at the worksite:		County:
Coordinator Signature:		Date:
Administrator Signature:		
How many work locations are you responsible for?		
<p>Mail or FAX completed form to:</p> <p><b>Prevention Partners</b> <b>P.O. Box 11661</b> <b>Columbia, SC 29211</b></p> <p><b>Telephone: 803-737-3820</b> <span style="float: right;"><b>FAX: 803-737-0557</b></span></p>		

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South Carolina Budget and Control Board  
Employee Insurance Program

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